

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/526 985

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			I			
2				I		
3				I		
4				I		
5				I		
6				I		
7				I		
8				I		
9				I		
10				I		
11				I		
12				I		
13				I		
14			I			
15			I			
16			I			
17			I			
18			I			
19			I			
20			I			
21			I			
22			I			
23			I			
24			I			
25			I			
26			I			
27			I			
28			I			
29			I			
30			I			
31			I			
32			I			
33			I			
34			I			
35			I			
36			I			
37			I			
38			I			
39			I			
40			I			
41			I			
42			I			
43			I			
44			I			
45			I			
46			I			
47			I			
48			I			
49			I			
50			I			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			I			
52			I			
53			I			
54			I			
55			I			
56			I			
57			I			
58			I			
59			I			
60			I			
61			I			
62			I			
63			I			
64			I			
65			I			
66			I			
67			I			
68			I			
69			I			
70			I			
71			I			
72			I			
73			I			
74			I			
75			I			
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	19	↓		↓
TOTAL DEP.		←	14	←		←
TOTAL CLAIMS			33			